

PROGRESS SHEET – APPLICATION FOR CHANGE/TRANSFER

NAME: **Scott Byerley**
501 W. Langdon Road
Walla Walla, WA 99362

PHONE: 509-520-2895
EMAIL:

☐ ASSIGNED (SEE BACK OF PAGE)

APP. NO.	PERMIT NO.	CERT. NO. WW Adj. 630(A)	CERT. OF CHANGE NO(S)
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WALLA WALLA COUNTY
WALL-12-06

WRIA

32

WRTS No. **CS3-*28630J(A)**
ID No. **5242878**

Special Area: N/A

Superseding Doc. ID No. _____

PURPOSE OF APPLICATION: Change the Place of Use

Date Application received: May 3, 2012

Statement of additional fee sent: _____ Amount: \$ _____ Date fee received: _____

Returned for completion or correction: _____ Received: _____

☐ Application mapped by: _____ date: _____

PUBLICATION:

Newspaper: **WWCWCB**

OK'd by: _____

Date Affidavit received: _____

Checked by: _____

☐ Protests: _____

Date Notice Sent _____

Time expires: **6-2-2012**

Date: _____

☐ Fee rcvd _____

SEPA REQUIRED

NO - EXEMPT

FIELD Examination by: _____ date: _____

☐ ROE map checked by: _____ date: _____

DATE CHANGE ROE ISSUED: _____ ☐ Approved ☐ Denied

DEVELOPMENT SCHEDULE:

BC due: _____ BC rcvd: _____ ext: _____

CC due: _____ CC rcvd: _____ ext: _____

PA due: _____ PA rcvd: _____ ext: _____

PA FIELD EXAMINATION REQUIRED – DATE: _____ BY: _____

DATE SUPERSEDING DOCUMENT ISSUED: _____

Change/Transfer to be processed by Walla Walla County Water Conservancy Board

ROD received: 11-16-12	45 day review period ends: 12-31-12	Review Period Extended to: 1-30-2013	Ecy Decision Mailed: 1-29-2013
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Reversed; Denied

ASSIGNMENT INFO:**SUBJECT TO REAL ESTATE EXCISE TAX**

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

☐ Mailed assignee copy of current App/ROE date: _____

Submitted to Department of Revenue

Date: _____

Initial: _____

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

☐ Mailed assignee copy of current App/ROE date: _____

Submitted to Department of Revenue

Date: _____

Initial: _____

Assignment received: _____

Assignment approved: _____

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